



## REQUEST FOR PERSONAL GROWTH AND LEARNING FUND

### Action Items:

1. Consult with your advisor regarding your plans.
  2. Complete the form including signature from a faculty member recommending this grant be made.
  3. Email to Chris Schelin, Dean of Students at [cschelin@sksm.edu](mailto:cschelin@sksm.edu).
- 

As needs arise, students may request a personal growth and learning fund to assist with the cost of a specific learning experience, a research paper, or an educational undertaking that involves travel. The Admissions and Scholarship Committee designates funds for this purpose from the financial aid annual gifts to the school. Please note: funds for this purpose are modest.

**Once funds have been awarded, you will be asked to complete a W-9 form. The funds are taxed and will be reported on your 1099 form at the end of the calendar year.**

Name (legal): \_\_\_\_\_

Name (optional preferred): \_\_\_\_\_

Degree: \_\_\_\_\_ Year of Study: \_\_\_\_\_

Advisor: \_\_\_\_\_

Current Mailing Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Phone #: \_\_\_\_\_

Purpose: Briefly describe the learning experience for which you are requesting a grant:

Amount Required: State the amount requested, and identify what it will be spent for:

Evaluation: How will you reflect on the value of this learning experience?  
(Write-up? Follow-up conversation with your advisor? etc.)

Advisor Recommendation: You may include the typed name and signature of any faculty member who recommends this grant in replacement of advisor recommendations, plus any comments the faculty member wishes to make:

Advisor/Faculty Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Comments:

I covenant to complete the activity for which I have received funds or return the money.

Student Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Dean of Students Signature: \_\_\_\_\_ Date: \_\_\_\_\_